



CITY OF GAHANNA

DIVISION OF POLICE
460 Rocky Fork Blvd.
Gahanna, OH 43230
(614)342-4240

Office Use Only
Permit #:

**ALARM REGISTRATION
RESIDENTIAL**

ADDRESS _____

RESIDENT NAME _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT PERSONS

DO NOT LIST YOURSELF

NAME _____ PHONE _____

NAME _____ PHONE _____

ALARM COMPANY _____ PHONE _____

PET INFORMATION _____ OFFICER HAZARD? _____

DO YOU HAVE ANY SECURITY CAMERAS? _____ MANUFACTURER _____

If a crime occurs in your neighborhood, would you be willing to be contacted and share your security camera footage with police? _____

I agree to abide by the Alarm Ordinance, Rules and Regulations of the Gahanna Division of Police, pertaining to alarm systems which regulate the installation, maintenance and operation of the alarm.

Copies of the Alarm Ordinance are available at Gahanna Police Department, 460 Rocky Fork Boulevard, Gahanna, Ohio 43230.

I understand that the City of Gahanna shall not assume any liability whatsoever because of approval of this registration for my residence. I agree that the City of Gahanna is not liable if an alarm registration is cancelled per the Alarm Ordinance.

This alarm registration is not transferable.

I agree to pay all alarm fines as they are assessed, within thirty (30) days of the receipt of notice, sent by the City of Gahanna. Failure to pay assessed fines may result in charges filed through Gahanna Mayor's Court.

NOTE: THERE IS A ONE-TIME CHARGE OF \$35.00*

DOB (optional) _____ (Fee waived if over 60 years of age)

APPLICANT'S SIGNATURE _____ DATE _____

*Payable to the City of Gahanna Police Department



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ALARM REGISTRATION
BUSINESS

ADDRESS _____

COMPANY NAME _____

BUSINESS PHONE _____ BUSINESS HOURS _____

EMERGENCY CONTACT PERSONS

NAME _____ PHONE _____

NAME _____ PHONE _____

ALARM COMPANY _____ PHONE _____

TYPE OF BUSINESS _____ OFFICER HAZARD? _____

(Guard dog, chemicals, etc.)

DOES THE PROPERTY HAVE SECURITY CAMERAS? _____ MANUFACTURER _____

If a crime occurs in your vicinity, would you be willing to be contacted and share your security camera footage with police? _____

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APPLICANT'S SIGNATURE _____ DATE _____

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